



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of: **Makoto TOMIOKA, et al.**

Serial No.: **09/893,677**

Group Art Unit 2622

Filed: **June 29, 2001**

**RECEIVED**  
OCT 24 2001

For: **RIGID VIDEO-ENDOSCOPE SYSTEM**

Technology Center 2600

**REQUEST FOR CORRECTED FILING RECEIPT**

Commissioner for Patents  
Washington, D.C. 20231  
Sir:

Date: September 25, 2001

Please supply the undersigned attorney with a corrected filing receipt for the above-identified application. The undersigned also respectfully requests that the Patent and Trademark Office records be amended to reflect the correction.

In reviewing the Official Filing Receipt, we noted an error in that the date of the Foreign Application is incorrect. Please correct as follows: **("6/11/2000") should be (-6/11/2001--)**

A copy of the declaration is enclosed which indicates the correct information.

We are enclosing a copy of the filing receipt with the corrections highlighted.

In the event that any fees are required in connection with this paper, please charge our Deposit Account No. 01-2340.

Respectfully submitted,

**ARMSTRONG, WESTERMAN, HATTORI,  
McLELAND & NAUGHTON, LLP**

Mel R. Quintos  
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Enclosure: Copy of Filing Receipt & Copy of Declaration



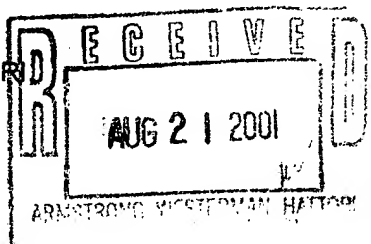
## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/893,677	06/29/2001	2622	710	010680	8	18	1

23850

ARMSTRONG, WESTERMAN, HATTORI  
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WASHINGTON, DC 20006



CONFIRMATION NO. 9414

## FILING RECEIPT



\*OC00000006445751\*

Date Mailed: 08/20/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

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## Assignment For Published Patent Application

OLYMPUS OPTICAL CO., LTD., Tokyo, JAPAN;

## Domestic Priority data as claimed by applicant

## Foreign Applications

JAPAN 2001-175203 06/11/2001 --6/11/2001--

If Required, Foreign Filing License Granted 08/17/2001

Projected Publication Date: 12/13/2001

Non-Publication Request: No

Early Publication Request: No

## Title

Rigid video-endoscope system

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2622



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Bib Data Sheet

CONFIRMATION NO. 9414

<b>SERIAL NUMBER</b> 09/893,677	<b>FILING DATE</b> 06/29/2001 <b>RULE</b>	<b>CLASS</b> 358	<b>GROUP ART UNIT</b> 2622	<b>ATTORNEY DOCKET NO.</b> 010680
<b>APPLICANTS</b> Makoto Tomioka, Tokyo, JAPAN; Hiroshi Tsuyuki, Tokyo, JAPAN;				
<b>** CONTINUING DATA *****</b>				
<b>** FOREIGN APPLICATIONS *****</b> JAPAN 2001-175203 06/11/2001				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 08/17/2001</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 18
Verified and Acknowledged Examiner's Signature <i>PHC</i> Initials		<b>INDEPENDENT CLAIMS</b> 1		
<b>ADDRESS</b> 23850				
<b>TITLE</b> Rigid video-endoscope system				
<b>FILING FEE RECEIVED</b> 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	